7	TI	ТL	Ε	X	Ι :	X	R	E I	0	R	Т	0	F E	x	P	E	N	D	Ι	Т	U	R	Ε	s
							(B	y (CAT	EGO	RY	OF	SEF	VI	CE)									

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

(FISCAL YTD TOTALS AS OF 08/31/07)

25,643

372,934

35.861

26,683

0

1,642

17,579

2,889

4,493

7,017

0

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0

3,049

684,893

18,193

564,628

30.545

245,870

25,255

59,893

67,882

52.728

21,416

22.956

7.263

3,836

6.672

4,008

35,135

681

115

1,519

65

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11

9,271

20

121,492

2,460

414,356

538,944

33,250

50,403

36.589

501,692

590.362

0

18,661

18,661 564,628

45,763

4.391

5,230

616,776

Π

п

30.517

9,271

245,865

3,121,261

104,653

25.255

385

n

16

120

53,322

22,647

9.770

46,552

98.180

112,150

19,424

6,443

1,274,329

8.133

28.980

n

20

PAGE

RUN DATE 08/26/07

TOTAL.

PAYMENT

\$49,823,726.21

\$27,138,377.67

\$3,615,589.17

\$69.433.710.72

\$38,798,636,41

\$17,518,639.70

\$28,033,417.17

\$4.186.922.39

\$871,423.37

\$1,582,285.32

\$5,550,489.53

\$2,684,980.28

\$3,253,233,56

\$1,373,330.01

\$16.330.265.51

\$2,457,215.06

\$1,397,177.39

\$1.218.459.42

\$6,348,521.70

\$2,715,305.95

\$7,637,842.57

\$1,247,343.67

\$739.729.56

\$333,704.85

\$555,742.02

\$251,890.69

\$874,322.92

\$431,450.04

\$66,321.48

\$2,615,259.69

\$47.780.329.19

\$14,226,48

\$491,730.00

\$27,360,078.50

\$531,133.63

\$115,609.58

\$661,320.10

\$7,755.58

\$0.00

\$0.00

\$0.00

\$0.00

\$n.nn

\$0.00

\$487.80

\$6,444.21

\$0.00

sn.nn

\$0.00

\$0.00

1

CATEGORY OF SERVICE RECIPIENTS NUMBER OF UNITS OF SERVED CLAIMS SERVICE TNPATTENT 10,791 70.397 11,751 OUTPATIENT 78.754 132.861 1.130.992 CHILD PART HOSP ο.

Π Π 0

CHILD DAY TREATMENT . . 1,202 1,201 16,217 776.072

ADULT PART HOSP 13,691 26.847 2.169 4,120 83

21,818

18,597

0

959

4.496

2,148

3,699

716

0

n

- 0

1.869

151,106

13,171

0

25,232

4,945

4.946

24,658

42

- 0

4

9

17,305

39,601

17,508

9.772

5.625

606

874

3.827

1,993

280

42

9,697

132,696

277,660

ADULT DAY TREATMENT SKILLED NURSING FACILITY

37

13.884 21

INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL HOME HEALTH 140,763

IAMM2200-R003 (MR-0-12)

AS OF 08/31/07

LEAD INSPECTION AGENCY

PHYSICIAN

CLINIC SERVICES

MEP CASE MANAGEMENT LAB AND RADIOLOGICAL HABILITATION SERVICES REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PRESCRIBED DRUGS

DRUG CAPITATION

IOWA PLAN PROGRAM

EPSDT SCREENING

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

PATTENT MANAGEMENT

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

CHIROPRACTIC PODIATRIC

IAI	M22	:00-	R003	(MR-O-12)
AS	OF	08/	31/07	

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 08/26/07

> TOTAL PAYMENT \$10,356,695.30

\$3,482,167.85

\$4,624,205.93

\$394,039,714.52

\$477,783.66-

\$0.00

TITLE XIX REPORT OF EXPENDITURES

. 0

18,934

1

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 08/31/07)

0

18,070 1

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	9,369	53,189	784,279

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
ELDERLY WAIVER SERVICES	9,369	53,189	784,279
ILL & HANDICAPPED WAIVER SVCS	2,232	6,389	226,527

9,691

55

0